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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai    | t 1: Identify Yourself  |  |   |   |
|--------|---|--|---|---|
|        | <u> </u>  | About Debtor 1:                          |   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.     | Your full name  |  |   |   |
|        | Write the name that is on   | Darneice                                 |   |   |
| p<br>e | your government-issued picture identification (for example, your driver's                           | First name                               |   | First name                                    |
|        | license or passport).   | Middle name                              | _ | Middle name                                   |
|        | Bring your picture  | Cooper                                   |   |   |
|        | identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) |   | Last name and Suffix (Sr., Jr., II, III)      |
|        |   |  |   |   |
| 2.     | All other names you have used in the last 8 years   |  |   |   |
|        | Include your married or maiden names.   |  |   |   |
| 3.     | Only the last 4 digits of   |  |   |   |
|        | your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-4828                              |   |   |

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Debtor 1 Darneice Cooper

Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |  |
|  |   | EINs  | EINs   |  |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |  |  |
|  |   | 5602 W Sutton PI Unit B<br>Monee, IL 60449  |  |  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |  |
|  |   | Will County   | County   |  |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |  |
|  |   |   |  |  |  |  |  |

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Debtor 1 Darneice Cooper Case number (if known)

| ar  | Tell the Court About  | Your E                   | Bankruptcy Ca                    | ase                                      |  |   |         |  |
|-----|---|--------------------------|----------------------------------|--|--|---|---------|--|
| 7.  | The chapter of the Bankruptcy Code you are  |                          |                                  |  | of each, see <i>Notice Required by</i> page 1 and check the appropriat         | 11 U.S.C. § 342(b) for Individuals Filing for Bankrupt<br>e box.  | cy      |  |
|     | choosing to file under  | ■ Chapter 7 □ Chapter 11 |                                  |  |  |   |         |  |
|     |   |                          |                                  |  |  |   |         |  |
|     |   |                          | Chapter 12                       |  |  |   |         |  |
|     |   |                          | Chapter 13                       |  |  |   |         |  |
| 3.  | How you will pay the fee  | •                        | about how yo                     | ou may pay. Typ<br>attorney is subr      | ically, if you are paying the fee yo   | k with the clerk's office in your local court for more dourself, you may pay with cash, cashier's check, or malf, your attorney may pay with a credit card or check | oney    |  |
|     |   |                          |                                  |  | tallments. If you choose this options (Official Form 103A).                    | on, sign and attach the Application for Individuals to  | Pay     |  |
|     |   |                          | I request that<br>but is not req | at my fee be wa<br>uired to, waive y     | <b>lived</b> (You may request this option your fee, and may do so only if your | n only if you are filing for Chapter 7. By law, a judge ur income is less than 150% of the official poverty lir   | ne that |  |
|     |   |                          |                                  |  |  | n installments). If you choose this option, you must fil<br>cial Form 103B) and file it with your petition.   | ll out  |  |
| ).  | ). Have you filed for bankruptcy within the   |                          | 0.                               |  |  |   |         |  |
|     | last 8 years?   | ΠY                       | es.                              |  |  |   |         |  |
|     |   |                          | District                         |  | When   | Case number   |         |  |
|     |   |                          | District                         |  | When   | Case number   |         |  |
|     |   |                          | District                         |  | When   | Case number   |         |  |
| 10. | Are any bankruptcy cases pending or being   | ■ N                      | 0                                |  |  |   |         |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ΠY                       | es.                              |  |  |   |         |  |
|     |   |                          | Debtor                           |  |  | Relationship to you   |         |  |
|     |   |                          | District                         |  | When   | Case number, if known   |         |  |
|     |   |                          | Debtor                           |  |  | Relationship to you   |         |  |
|     |   |                          | District                         |  | When   | Case number, if known   |         |  |
| 11. | Do you rent your residence?   | ■ N                      | o. Go to I                       | ine 12.                                  |  |   |         |  |
|     | i coluctios :   | ПΥ                       | es. Has yo                       | our landlord obta                        | ained an eviction judgment agains  | t you and do you want to stay in your residence?  |         |  |
|     |   |                          |                                  | No. Go to line                           | 12.  |   |         |  |
|     |   |                          |                                  | Yes. Fill out <i>Init</i> bankruptcy pet |  | Judgment Against You (Form 101A) and file it with the   | nis     |  |
|     |   |                          |                                  |  |  |   |         |  |

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| Par                               | Report About Any Bu   | sinesses                                 | You Own   | s a Sole Proprietor  |   |  |  |
|-----------------------------------|---|--|---|--|---|--|--|
| 12.                               | Are you a sole proprietor of any full- or part-time business?   | ■ No.                                    | Go to   | rt 4.  |   |  |  |
|                                   |   | ☐ Yes.                                   | Name  | Name and location of business  |   |  |  |
|                                   | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name  | Name of business, if any   |   |  |  |
|                                   | If you have more than one sole proprietorship, use a separate sheet and attach  |  | Numb  | Street, City, State & ZIP Code   |   |  |  |
|                                   | it to this petition.  |  | Chec  | e appropriate box to describe your business:   |   |  |  |
|                                   |   |  |   | lealth Care Business (as defined in 11 U.S.C. § 101(   | 27A))   |  |  |
|                                   |   |  |   | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |   |  |  |
|                                   |   |  |   | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))   |   |  |  |
|                                   |   |  | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) |  |   |  |  |
|                                   |   |  |   | lone of the above  |   |  |  |
| Chapter 11 of the deadlines. If y |   | s. If you ir<br>is, cash-fl<br>.C. 1116( | ,   | ttach your most recent balance sheet, statement of   |   |  |  |
|                                   | For a definition of small   | No.                                      | I am r  | filing under Chapter 11.   |   |  |  |
|                                   | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                                    |   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |   |  |  |
|                                   |   | ☐ Yes.                                   | I am f  | g under Chapter 11 and I am a small business debto   | r according to the definition in the Bankruptcy Code. |  |  |
| Dor                               | Poport if You Own or  | Have Any                                 | Hozordo   | Property or Any Property That Needs Immediate  | Attention   |  |  |
| Par                               | <u> </u>  |  | пагагис   | Froperty of Any Froperty That Needs infinediate  | Attention   |  |  |
| 14.                               | Do you own or have any property that poses or is alleged to pose a threat of imminent and   | ■ No. □ Yes.                             | What is   | hazard?  |   |  |  |
|                                   | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  |  |   | e attention is<br>y is it needed?  |   |  |  |
|                                   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is  | e property?  |   |  |  |
|                                   |   |  |   | Number, Street, City, State & Zip Code   |   |  |  |

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Debtor 1 Darneice Cooper

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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 D            | arneice Cooper                                   |                      | Document   | - rage 0 01 30                                | Case number (if k    | nown)  |
|-----|--------------------|--|----------------------|--|---|----------------------|--|
| Par | t 6: An            | swer These Questi                                | ons for Re           | eporting Purposes  |   |                      |  |
|     |                    | nd of debts do                                   | 16a.                 |  |   |                      | in 11 U.S.C. § 101(8) as "incurred by an                                       |
|     |                    |  |                      | ☐ No. Go to line 16b.  |   |                      |  |
|     |                    |  |                      | Yes. Go to line 17.  |   |                      |  |
|     |                    |  | 16b.                 | Are your debts primarily busine money for a business or investme             |   |                      |  |
|     |                    |  |                      | ☐ No. Go to line 16c.  |   |                      |  |
|     |                    |  |                      | ☐ Yes. Go to line 17.  |   |                      |  |
|     |                    |  | 16c.                 | State the type of debts you owe th   | at are not consumer de                        | bts or business de   | bts  |
| 17. | Are you<br>Chapte  | filing under<br>7?                               | □ No.                | I am not filing under Chapter 7. Go  | o to line 18.                                 |                      |  |
|     | after an propert   | estimate that<br>y exempt<br>y is excluded and   | ■ Yes.               | I am filing under Chapter 7. Do yo are paid that funds will be available     |   |                      | is excluded and administrative expenses  |
|     |                    | administrative expenses are paid that funds will |                      | No   |   |                      |  |
|     | be avail           | able for<br>tion to unsecured                    |                      | Yes  |   |                      |  |
| 18. |                    | any Creditors do                                 | <b>■</b> 1-49        |  | <b>1</b> ,000-5,000                           |                      | ☐ 25,001-50,000  |
|     | you est owe?       | imate that you                                   | □ 50-99              |  | <u> </u>                                      |                      | <u></u> 50,001-100,000   |
|     |                    |  | ☐ 100-19<br>☐ 200-99 |  | □ 10,001-25,000                               |                      | ☐ More than100,000   |
| 19. |                    | ıch do you                                       | □ \$0 - \$5          | 50,000   | □ \$1,000,001 - \$10 n                        | nillion              | ☐ \$500,000,001 - \$1 billion  |
|     | estimat<br>be wort | e your assets to<br>h?                           | □ \$50,00            | 01 - \$100,000   | □ \$10,000,001 - \$50                         |                      | □ \$1,000,000,001 - \$10 billion   |
|     |                    |  |                      | 001 - \$500,000<br>001 - \$1 million   | □ \$50,000,001 - \$100 □ \$100,000,001 - \$50 |                      | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                     |
|     |                    |  |                      |  |   |                      |  |
| 20. |                    | uch do you<br>e your liabilities                 | □ \$0 - \$5          | 50,000<br>01 - \$100,000   | □ \$1,000,001 - \$10 n □ \$10,000,001 - \$50  |                      | ☐ \$500,000,001 - \$1 billion<br>☐ \$1,000,000,001 - \$10 billion              |
|     | to be?             |  |                      | 01 - \$500,000   | □ \$50,000,001 - \$100                        |                      | ☐ \$10,000,000,001 - \$10 billion  |
|     |                    |  |                      | 001 - \$1 million  | □ \$100,000,001 - \$50                        | 00 million           | ☐ More than \$50 billion   |
| Par | t7: Sig            | ın Below   |                      |  |   |                      |  |
| For | you                |  | I have exa           | amined this petition, and I declare u  | under penalty of perjury                      | that the information | on provided is true and correct.   |
|     |                    |  |                      | shosen to file under Chapter 7, I am<br>ates Code. I understand the relief a |   |                      | er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7.          |
|     |                    |  |                      | ney represents me and I did not pa<br>t, I have obtained and read the noti   |   |                      | attorney to help me fill out this  |
|     |                    |  | I request            | relief in accordance with the chapte   | er of title 11, United Stat                   | tes Code, specified  | d in this petition.  |
|     |                    |  |                      | cy case can result in fines up to \$25                                       |   |                      | operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |                    |  | /s/ Darn             | eice Cooper  |   | atuma af Dahira C    |  |
|     |                    |  |                      | e Cooper<br>of Debtor 1  | Signa   | ature of Debtor 2    |  |
|     |                    |  | Executed             | on July 12, 2017   | Exec  | uted on              |  |
|     |                    |  |                      | MM / DD / YYYY   |   | MM / DE              | O / YYYY   |

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Glenda J. Gray                     | Date          | July 12, 2017             |
|--|---------------|---------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY            |
| Glenda J. Gray                         |               |                           |
| Printed name                           |               |                           |
| Fernandez & Gray                       |               |                           |
| Firm name                              |               |                           |
| 223 West Jackson, Suite 1116           |               |                           |
| Chicago, IL 60606                      |               |                           |
| Number, Street, City, State & ZIP Code |               |                           |
| Contact phone (312) 386-1010           | Email address | bfernandezggray@gmail.com |
| 6185507                                |               |                           |
| Bar number & State                     |               |                           |

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|---------------------|--------------------------|-------------------|------------------|---|
| Fill in this infor  | mation to identify your  | case:             |                  |   |
| Debtor 1            | Darneice Cooper          |                   |                  |   |
|                     | First Name               | Middle Name       | Last Name        | _ |
| Debtor 2            |                          |                   |                  |   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        | _ |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      | _ |
| Case number         |                          |                   |                  |   |

## Official Form 106Sum

(if known)

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Par | 1: Summarize Your Assets  |             |                          |
|-----|---|-------------|--------------------------|
|     |   | Your a      | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 152,000.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 76,674.86                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 228,674.86               |
| Par | t 2: Summarize Your Liabilities   |             |                          |
|     |   |             | abilities<br>It you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                | \$          | 141,833.28               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$          | 2,900.00                 |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 34,822.26                |
|     | Your total liabilities  | \$          | 179,555.54               |
| Par | 3: Summarize Your Income and Expenses   |             |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 3,093.96                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 3,093.43                 |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |             |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                    | ur other sc | hedules.                 |
| 7.  | Yes What kind of debt do you have?  |             |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "141 U.S.C. \$ 101(0). Fill out lines 8.00 for statistical purposes 28 U.S.C. \$ 150 | a personal  | , family, or             |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |             | 5 574 00 |
|----|--|-------------|----------|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | <b> </b> \$ | 5,571.89 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tota | l claim   |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |      |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_  | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 2,900.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$   | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$_  | 14,713.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_  | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 17,613.00 |

|  | Case 17   | 7-2175  | 5 Doc 1   | _                       | 07/21/17<br>ument                           | Entered 0 <sup>-</sup>   |                        | ' 12:35                                | :48 De  | sc     | Main                                       |        |
|--|---|---|---|-------------------------|---|--|------------------------|--|---|--------|--|--------|
| Fill in thi  | is information t  | o identify  | your case and th  |                         |   | Pade 10 01   | 50                     |  |   |        |  |        |
| Debtor 1   | Dar   | neice Co  | oper  |                         |   |  |                        |  |   |        |  |        |
|  | First N   |   | •   | Name                    |   | Last Name  |                        |  |   |        |  |        |
| Debtor 2<br>(Spouse, if f                          |   | Name  | Middle  | Name                    |   | Last Name  |                        |  |   |        |  |        |
| United St  | tates Bankrupto   | y Court for   | the: NORTHER  | N DISTI                 | RICT OF ILLIN                               | IOIS   |                        |  |   |        |  |        |
| Case nur   | mber  |   |   |                         |   | -  |                        |  |   |        | Check if thi                               |        |
| Schen each care hink it fits information answer ev | s best. Be as con<br>n. If more space<br>very question. | B: Pi<br>y list and d<br>nplete and a<br>is needed, | coperty escribe items. List accurate as possible attach a separate sl | e. If two<br>neet to th | married people<br>nis form. On the          | n asset fits in more<br>are filing together,<br>e top of any addition<br>n or Have an Intere | both are enal pages, v | qually resp                            | onsible for su  | ıpplyi | category whe                               | •      |
| ■ Yes.   | Go to Part 2. Where is the prop                         | perty?  |   | WI                      | :- II                                       |  |                        |  |   |        |  |        |
| Uni  | 02 W Sutton P<br>it B<br>et address, if available       |   | cription  | what                    | Single-family h Duplex or multi Condominium | i-unit building  |                        | the amoun                              | luct secured cla<br>t of any secure<br>Who Have Clair | d clai | ms on <i>Śchedu</i>                        | ule D: |
| Mo:  | nee   | IL<br>State   | 60449-0000<br>ZIP Code  |                         | Manufactured of Land Investment pro         | or mobile home   |                        | Current va                             |   |        | rrent value or<br>rtion you owr<br>\$152.0 | n?     |
| ,  |   |   |   |                         | Timeshare Other has an interest             | in the property? Ch  | eck one                | Describe to (such as for a life estate | the nature of yee simple, ten                         |        | wnership int                               | terest |
| Wil  | ı   |   |   | _                       | Debtor 1 only<br>Debtor 2 only              |  |                        | Fee sim                                | hie   |        |  |        |
| Coun   |   |   |   |                         | Debtor 1 and D                              | Debtor 2 only<br>the debtors and ano<br>ou wish to add abou                                  |                        | (see in                                | k if this is con<br>structions)                       | nmun   | ity property                               |        |
|  |   |   |   |                         | erty identification                         | on number:<br>008; Price: \$15   | 0,000.00               |  |   |        |  |        |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$152,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 17-21755

Doc 1

Filed 07/21/17

Entered 07/21/17 12:35:48

Desc Main

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Case number (if known) Debtor 1 **Darneice Cooper** 2 bikes \$100.00 Location: 5602 W Sutton PI Unit B, Monee IL 60449 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe..... General \$500.00 Location: 5602 W Sutton PI Unit B, Monee IL 60449 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,600.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... \$200.00 **Bank Financial** Checking 17.1. **Central Credit Union** \$0.00 17.2. Checking

**Central Credit Union of Illinois** 

\$25.00

17.3.

Savings

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|     | Bonds, mutual funds, o<br>Examples: Bond funds, i             | or publicly traded stocks<br>investment accounts with brokera         | ge firms, money market accounts   |   |
|-----|---|---|---|---|
|     | Yes   | Institution or issuer name  | c.  |   |
|     | joint venture  ■ No   | ck and interests in incorporate                                       | d and unincorporated businesses, including an inte  | rest in an LLC, partnership, and  |
|     |   | Name of entity:   | % of ownership:   |   |
|     | Negotiable instruments i                                      | nclude personal checks, cashiers                                      | e and non-negotiable instruments ' checks, promissory notes, and money orders. to someone by signing or delivering them.                    |   |
|     | ☐ Yes. Give specific info                                     | mation about them Issuer name:  |   |   |
|     | Retirement or pension Examples: Interests in IF               | <b>accounts</b><br>RA, ERISA, Keogh, 401(k), 403(b)                   | , thrift savings accounts, or other pension or profit-shar  | ing plans   |
|     | Yes. List each account  | separately. Type of account:  | Institution name:   |   |
|     |   | Pension   | SERS  | \$60,271.70   |
|     |   | Deferred Compensation   | CMS (State of Illinois)   | \$5,055.27  |
|     |   |   | you may continue service or use from a company cutilities (electric, gas, water), telecommunications com<br>Institution name or individual: | panies, or others   |
|     | Annuities (A contract for ■ No                                | a periodic payment of money to y                                      | ou, either for life or for a number of years)   |   |
|     | ☐ Yes Iss   | uer name and description.   |   |   |
| 24. | Interests in an educatio<br>26 U.S.C. §§ 530(b)(1), 5<br>■ No |   | ed ABLE program, or under a qualified state tuition   | program.  |
|     |   | titution name and description. Sep                                    | parately file the records of any interests.11 U.S.C. § 521  | (c):  |
|     | ■ No  |   | than anything listed in line 1), and rights or powers   | exercisable for your benefit  |
|     | ☐ Yes. Give specific info                                     |   |   |   |
|     |   | demarks, trade secrets, and otl<br>ain names, websites, proceeds fro  | ner intellectual property om royalties and licensing agreements   |   |
|     | ☐ Yes. Give specific info                                     | rmation about them  |   |   |
|     |   | nd other general intangibles<br>nits, exclusive licenses, cooperation | ve association holdings, liquor licenses, professional lice   | enses   |
|     | ☐ Yes. Give specific info                                     | rmation about them  |   |   |
| М   | oney or property owed to                                      | you?  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Debtor 1

|  | Case 17-21755  | Doc 1                    | Filed 07/21/17<br>Document  | Entered 07/21/17 12:35:48  | Desc Main                  |
|--|--|--------------------------|---|--|----------------------------|
| Debtor 1   | Darneice Cooper  |                          | Document  | Page 14 of 56 Case number (if known)   |                            |
| _  | funds owed to you  |                          |   |  |                            |
| ■ No<br>□ Yes  | Give specific information a  | bout them, inc           | cluding whether you alre  | ady filed the returns and the tax years  |                            |
|  | Circ openio iniciniano a   | ,                        | naamig innemer yee ame  |  |                            |
| ■ No   |  |                          | usal support, child suppo   | ort, maintenance, divorce settlement, property   | settlement                 |
| <i>Exam<sub>l</sub></i> □ No                         | amounts someone owes ples: Unpaid wages, disabil benefits; unpaid loans Give specific information      | ity insurance            | payments, disability ben<br>someone else  | efits, sick pay, vacation pay, workers' compe  | nsation, Social Security   |
|  |  |                          | ntee Mutual (Lincolr  | n National Life Ins)   |                            |
|  |  | Death<br>Term            | Benefit: \$75,000   |  | \$0.00                     |
| □ No   | Name the insurance compo   | any of each popany name: |   | HSA); credit, homeowner's, or renter's insurar Beneficiary:  | Surrender or refund value: |
|  | Poli   |                          | an Annuity  | Children   | \$322.89                   |
| If you somed No □ Yes.  33. Claims Examp ■ No □ Yes. | Give specific information  s against third parties, wh ples: Accidents, employmer  Describe each claim | ether or not             | et proceeds from a life in<br>you have filed a lawsu<br>surance claims, or rights | surance policy, or are currently entitled to receive the second of the s |                            |
| ■ No   | contingent and unliquidat  | ed claims of             | every nature, includin  | g counterclaims of the debtor and rights to  | o set off claims           |
| ■ No   | nancial assets you did not Give specific information   | already list             |   |  |                            |
|  | the dollar value of all of yo<br>art 4. Write that number h  |                          |   | ny entries for pages you have attached   | \$65,874.86                |
| Part 5: De   | escribe Any Business-Related   | Property You             | Own or Have an Interest   | In. List any real estate in Part 1.  |                            |
| No. Go   | <b>own or have any legal or equ</b><br>o to Part 6.<br>Go to line 38.                                  | itable interest          | in any business-related p   | roperty?   |                            |

Official Form 106A/B Schedule A/B: Property page 5

Case 17-21755 Doc 1 Filed 07/21/17 Entered 07/21/17 12:35:48 Desc Main Document Page 15 of 56 Case number (if known) Debtor 1 **Darneice Cooper** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$152,000.00 Part 2: Total vehicles, line 5 \$8,200.00 57. Part 3: Total personal and household items, line 15 \$2,600.00 Part 4: Total financial assets, line 36 58. \$65,874.86 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$76,674.86 Copy personal property total \$76,674.86

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$228,674.86

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|                     |                          | DOGUIIIE          | III Paue 10 01 50 | 00             |
|---------------------|--------------------------|-------------------|-------------------|----------------|
| Fill in this infor  | mation to identify your  | case:             |                   |                |
| Debtor 1            | Darneice Cooper          |                   |                   |                |
|                     | First Name               | Middle Name       | Last Name         |                |
| Debtor 2            |                          |                   |                   |                |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |                |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                |
| Case number         |                          |                   |                   |                |
| (if known)          |                          |                   |                   | ☐ Check if the |
|                     |                          |                   |                   | amended        |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited

| Part 1: | Identify the Property You Claim as Exempt |
|---------|---|
|         |   |

|       | 6 Tvs (2 are not working) computer,   | \$1,000,00  |         | \$1,000,00   | 735 ILCS 5/12-1001(b)              |
|-------|---|---|---------|--|------------------------------------|
|       | room set, stove, refrigerator, dishwasher, garbage disposal, washer & dryer, small misc. appliances Location: 5602 W Sutton PI Unit B, Monee IL 60449 Line from Schedule A/B: 6.1 |   |         | 100% of fair market value, up to any applicable statutory limit              |                                    |
|       | General: living room set, dining room set, 2 bed room sets, family  | \$1,000.00  |         | \$1,000.00   | 735 ILCS 5/12-1001(b)              |
|       | Ins: Hartford Ins<br>Line from Schedule A/B: 3.1  |   |         | 100% of fair market value, up to any applicable statutory limit              |                                    |
|       | 2013 Hyundai Sonata 110000 miles<br>Average condition   | \$8,200.00  |         | \$2,400.00   | 735 ILCS 5/12-1001(c)              |
|       | 5602 W Sutton PI Unit B Monee, IL<br>60449 Will County<br>Purchased: 8/2008; Price:<br>\$150,000.00<br>Line from Schedule A/B: 1.1  | \$152,000.00                                      |         | \$15,000.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901                  |
|       | Schedule A/B that lists this property   | portion you own  Copy the value from Schedule A/B |         | ck only one box for each exemption.  | opecine laws that allow exemption  |
| 2.    | For any property you list on Schedule A/B  Brief description of the property and line on  | that you claim as exe                             | •       | fill in the information below.   | Specific laws that allow exemption |
|       | $\square$ You are claiming federal exemptions. 11 L   | U.S.C. § 522(b)(2)                                |         |  |                                    |
|       | ■ You are claiming state and federal nonban   | kruptcy exemptions. 1                             | 11 U.S  | S.C. § 522(b)(3)   |                                    |
| 1.    | Which set of exemptions are you claiming  | ? Check one only, ever                            | n if yo | ur spouse is filing with you.  |                                    |
| Pai   | rt 1: Identify the Property You Claim as E  | xempt   |         |  |                                    |
| ιο τι | ne applicable statutory amount.   |   |         |  |                                    |

dvd player

Monee IL 60449

Line from Schedule A/B: 7.1

\$1,000.00

100% of fair market value, up to

any applicable statutory limit

\$1,000.00

Location: 5602 W Sutton PI Unit B,

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| Del | btor 1 Darneice Cooper  | •                   | 20041110111                          |          | Case number (if known)  |                                    |
|-----|---|---------------------|--------------------------------------|----------|---|------------------------------------|
|     | Brief description of the prop<br>Schedule A/B that lists this               |                     | Current value of the portion you own | Amo      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|     |   |                     | Copy the value from<br>Schedule A/B  | Che      | ck only one box for each exemption.                             |                                    |
|     | 2 bikes<br>Location: 5602 W Sutt  | on PI Unit B,       | \$100.00                             |          | \$100.00  | 735 ILCS 5/12-1001(b)              |
|     | Monee IL 60449<br>Line from Schedule A/B: 9                                 | .1                  |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | General<br>Location: 5602 W Sutt  | on PI Unit B,       | \$500.00                             | •        | \$500.00  | 735 ILCS 5/12-1001(a)              |
|     | Monee IL 60449<br>Line from Schedule A/B: 1                                 | 1.1                 |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Checking: Bank Finan<br>Line from Schedule A/B: 1                           |                     | \$200.00                             |          | \$200.00  | 735 ILCS 5/12-1001(b)              |
|     |   |                     |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Checking: Central Cre   |                     | \$0.00                               |          | \$0.00  | 735 ILCS 5/12-1001(b)              |
|     |   |                     |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Savings: Central Cred   | it Union of         | \$25.00                              |          | \$25.00   | 735 ILCS 5/12-1001(b)              |
|     | Line from Schedule A/B: 1   | 7.3                 |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Pension: SERS Line from Schedule A/B: 2                                     | 1.1                 | \$60,271.70                          |          | \$60,271.70   | 735 ILCS 5/12-1006                 |
|     | Elito Irom Concado 775.   |                     |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Deferred Compensation of Illinois)  | on: CMS (State      | \$5,055.27                           |          | \$5,055.27  | 735 ILCS 5/12-1006                 |
|     | Line from Schedule A/B: 2   | 1.2                 |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Guarantee Mutual (Lir<br>Life Ins)  | coln National       | \$0.00                               |          | \$0.00  | 735 ILCS 5/12-1001(f)              |
|     | Death Benefit: \$75,00<br>Term<br>Line from Schedule A/B: 3                 |                     |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
|     | Trans America Life Ins<br>Policy includes an An                             |                     | \$322.89                             |          | \$322.89  | 215 ILCS 5/238                     |
|     | Death Benefit \$9,302<br>Beneficiary: Children<br>Line from Schedule A/B: 3 | ·                   |                                      |          | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3.  | ■ No  | 4/01/19 and every 3 | 3 years after that for ca            | ises fil | led on or after the date of adjustmer                           |                                    |

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|                                 |   | Document F  | Page 18        | of 56   | _  |                                   |
|---------------------------------|---|---|----------------|---|--|-----------------------------------|
| Fill in this inform             | mation to identify your                                 | r case:   |                |   |  |                                   |
| Debtor 1                        | Darneice Coope  |   | ast Name       |   |  |                                   |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name L   | ast Name       |   |  |                                   |
|                                 | ankruptcy Court for the:                                | NORTHERN DISTRICT OF ILLIN  | OIS            |   |  |                                   |
| Case number                     |   |   |                |   |  |                                   |
| (if known)                      |   |   |                |   |  | if this is an<br>ed filing        |
| Official Forn                   | n 106D  |   |                |   |  |                                   |
|                                 |   | Who Have Claims Se  | ecured         | by Property   | y  | 12/15                             |
|                                 | e Additional Page, fill it o                            | two married people are filing together,<br>ut, number the entries, and attach it to t   |                |   |  |                                   |
| , ,                             | have claims secured by                                  | your property?  |                |   |  |                                   |
| ☐ No. Check                     | k this box and submit th                                | is form to the court with your other sc   | hedules. You   | u have nothing else to  | o report on this form.                                 |                                   |
| Yes. Fill ir                    | n all of the information b                              | pelow.  |                |   |  |                                   |
| Part 1: List A                  | II Secured Claims                                       |   |                |   |  |                                   |
| for each claim. If m            | nore than one creditor has                              | nore than one secured claim, list the creditor<br>a particular claim, list the other creditors in<br>al order according to the creditor's name.                               |                | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
|                                 | ne Auto Finance   | Describe the property that secures the  |                | \$13,962.00   | \$8,200.00   | \$5,762.00                        |
| Creditor's Nam Attn: Gen        |   | 2013 Hyundai Sonata 110000 n<br>Average condition   | niles          |   |  |                                   |
|                                 | ndence/Bankru   | Ins: Hartford Ins   |                |   |  |                                   |
| ptcy                            | 0205  | As of the date you file, the claim is: Che apply.   | eck all that   |   |  |                                   |
| Po Box 30<br>Salt Lake          | City, UT 84130  | Contingent  |                |   |  |                                   |
|                                 | t, City, State & Zip Code                               | ☐ Unliquidated  |                |   |  |                                   |
| Who owes the de                 | abt2 Ob l   | Disputed  |                |   |  |                                   |
| _                               | ebt? Check one.   | Nature of lien. Check all that apply.   | ******         | and   |  |                                   |
| ■ Debtor 1 only □ Debtor 2 only |   | <ul> <li>An agreement you made (such as more<br/>car loan)</li> </ul>   | rgage or secu  | red   |  |                                   |
| Debtor 1 and De                 | ebtor 2 only  | ☐ Statutory lien (such as tax lien, mecha   | nic's lien)    |   |  |                                   |
| _                               | the debtors and another                                 | ☐ Judgment lien from a lawsuit  |                |   |  |                                   |
| Check if this community de      |   | Other (including a right to offset)   | urchase M      | oney Security   |  |                                   |
| Date debt was inc               | Opened<br>03/16 Last<br>curred Active 02/17             | Last 4 digits of account number   | 1001           |   |  |                                   |
| 2.2 Wells Far                   | go Hm Mortgag   | Describe the property that secures the  | claim:         | \$127,871.28  | \$152,000.00   | \$0.00                            |
| Frederick                       | gecoach Cir<br>t, MD 21701<br>t, City, State & Zip Code | 5602 W Sutton PI Unit B Mone<br>60449 Will County<br>Purchased: 8/2008; Price:<br>\$150,000.00  As of the date you file, the claim is: Che<br>apply.  Contingent Unliquidated |                |   |  |                                   |
| Who owes the de                 | ebt? Check one.   | ☐ Disputed  Nature of lien. Check all that apply.   |                |   |  |                                   |
| ■ Debtor 1 only                 |   | An agreement you made (such as more   | rtgage or secu | red   |  |                                   |
| Debtor 2 only                   |   | car loan)   |                |   |  |                                   |
| Debtor 1 and De                 | ebtor 2 only  | ☐ Statutory lien (such as tax lien, mecha   | nic's lien)    |   |  |                                   |

Official Form 106D

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

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| Debtor 1  | Darneice (                      | Cooper                               |                                       | Case r           | number (if know) |  |
|-----------|---------------------------------|--------------------------------------|---------------------------------------|------------------|------------------|--|
|           | First Name                      | Middle Nar                           | me Last Name                          | _                | _                |  |
|           | if this claim re<br>nunity debt | elates to a                          | ■ Other (including a right to offset) | First Mortgage   |                  |  |
| Date debt | was incurred                    | Opened<br>05/12 Last<br>Active 03/17 | Last 4 digits of account nun          | nber <u>8474</u> |                  |  |
|           |                                 | •                                    | lumn A on this page. Write that nur   |                  | \$141,833.28     |  |
|           | the last page                   | •                                    | he dollar value totals from all pages | i.               | \$141,833.28     |  |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Page 20 of 56 Document Fill in this information to identify your case: Debtor 1 **Darneice Cooper** Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority 2.1 **Internal Revenue Service** Last 4 digits of account number 4828 \$2,900.00 \$2,900.00 \$0.00 Priority Creditor's Name Centralized Insolvency When was the debt incurred? 2015 Operations P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Domestic support obligations lacksquare At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes Income taxes Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Total claim

Part 2.

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more

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Debtor 1 Darneice Cooper Case number (if know) 4.1 Alphera Financial Serv Last 4 digits of account number 1156 \$0.00 Nonpriority Creditor's Name Opened 12/12 Last Active P.O. Box 3608 When was the debt incurred? 3/18/16 Dublin, OH 43016 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Automobile Other, Specify 4.2 **Capital One** Last 4 digits of account number 4142 \$283.00 Nonpriority Creditor's Name Attn: General Corres/Bankruptcy Opened 01/16 Last Active Po Box 30285 When was the debt incurred? 3/01/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.3 **Capital One** Last 4 digits of account number 0119 \$2,077.00 Nonpriority Creditor's Name Opened 10/14 Last Active Attn: General Correspondence/Bankruptcy When was the debt incurred? 3/01/17 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Darneice Cooper Case number (if know) 4.4 **Capital One Auto Finance** Last 4 digits of account number 1001 \$0.00 Nonpriority Creditor's Name Attn: General Opened 01/10 Last Active Correspondence/Bankruptcy When was the debt incurred? 12/22/12 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Automobile ☐ Yes 4.5 **Capital One Auto Finance** Last 4 digits of account number 1001 \$0.00 Nonpriority Creditor's Name Attn: General Opened 06/07 Last Active Correspondence/Bankruptcy When was the debt incurred? 2/26/10 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Automobile** Other. Specify 4.6 **Chase Card** Last 4 digits of account number 9045 \$5,444.00 Nonpriority Creditor's Name Opened 12/15 Last Active Attn: Correspondence Dept Po Box 15298 When was the debt incurred? 3/15/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Darneice Cooper Case number (if know) 4.7 Chase Card Last 4 digits of account number 9320 \$1.781.00 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 06/16 Last Active Po Box 15298 When was the debt incurred? 3/15/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.8 Citibank/Sears Last 4 digits of account number 9035 \$0.00 Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Opened 12/05/00 Last Active **Bankrup** When was the debt incurred? 6/30/08 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.9 City of Chicago Last 4 digits of account number \$0.00 Nonpriority Creditor's Name **Admin Hearing Judgments** When was the debt incurred? 121 N. LaSalle RM 107A Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Debtor 1 Darneice Cooper Case number (if know) 4.1 Comenity Bank/Carsons 6279 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 10/13 Last Active Po Box 182125 When was the debt incurred? 5/07/16 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Commonwealth Edison \$500.00 2138 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Department When was the debt incurred? 3 Lincoln Center Oakbrook Terrace, IL 60181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Electric service ☐ Yes 4.1 \$2.843.00 Costco Go Anywhere Citicard 1044 Last 4 digits of account number Nonpriority Creditor's Name Centralized Bk/Citicorp Credit Card Opened 06/16 Last Active Srvs When was the debt incurred? 3/04/17 Po Box 790040 St Louis. MO 63179 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Credit Card** T Yes Other. Specify

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Debtor 1 Darneice Cooper Case number (if know) 4.1 **Credit First National Assoc** 8428 \$1,110.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **Attn: BK Credit Operations** Opened 01/11 Last Active When was the debt incurred? Po Box 81315 3/10/17 Cleveland, OH 44181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 **Dept Of Ed/Navient** 1107 \$14,713.00 Last 4 digits of account number 4 Nonpriority Creditor's Name Attn: Claims Dept Opened 11/13 Last Active P.O. Box 9635 When was the debt incurred? 3/31/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Educational 4.1 Elan Financial Service 5850 \$247.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/16 Last Active Po Box 108 3/22/17 When was the debt incurred? Saint Louis, MO 63166 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Darneice Cooper Case number (if know) 4.1 **First National Bank** 0481 \$1,824.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: FNN Legal Dept Opened 07/15 Last Active When was the debt incurred? 1620 Dodge St Mailstop Code 3290 3/06/17 Omaha, NE 68191 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 Kohls/Capital One 4666 \$306.00 Last 4 digits of account number Nonpriority Creditor's Name **Kohls Credit** Opened 02/13 Last Active Po Box 3043 When was the debt incurred? 3/15/17 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 Santander Consumer Usa 1000 \$0.00 8 Last 4 digits of account number Nonpriority Creditor's Name Opened 05/06 Last Active Po Box 961245 When was the debt incurred? 06/10 Ft Worth, TX 76161 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Automobile ☐ Yes

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Debtor 1 Darneice Cooper Case number (if know) 4.1 Speedway/ssa 7879 \$1,824.26 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy Department Opened 2/02/10 Last Active 500 Speedway Drive When was the debt incurred? 3/08/14 Enon, OH 45323 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.2 Synchrony Bank/ Old Navy 8701 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Opened 07/16 Last Active Po Box 956060 When was the debt incurred? 8/21/16 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 Synchrony Bank/Care Credit 1789 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/10 Last Active Attn: Bankruptcy Po Box 956060 When was the debt incurred? 9/27/15 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Darneice Cooper Case number (if know) 4.2 Synchrony Bank/Select Comfort 4213 \$0.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Attn: Bankruptcy Opened 6/11/10 Last Active Po Box 956060 When was the debt incurred? 10/11/10 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 Synchrony Bank/Walmart 9962 \$1,105.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/13 Last Active Po Box 956060 When was the debt incurred? 03/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes **United Consumer Financial** 4.2 7560 \$537.00 Last 4 digits of account number Services Nonpriority Creditor's Name Opened 12/14 Last Active 865 Bassett Rd 3/16/17 When was the debt incurred? Westlake, OH 44145 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Installment Sales Contract ☐ Yes

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Debtor 1 Darneice Cooper Case number (if know) United Consumer Financial 4.2 2689 \$0.00 Last 4 digits of account number 5 Services Nonpriority Creditor's Name Opened 05/06 Last Active 865 Bassett Rd When was the debt incurred? 5/15/09 Westlake, OH 44145 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Installment Sales Contract 4.2 **US Bank** 5587 \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/05 Last Active Po Box 5229 5/12/06 When was the debt incurred? Cincinnati, OH 45201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Secured Other. Specify Visa Dept Store National 4.2 8870 \$228.00 Bank/Macy's Last 4 digits of account number Nonpriority Creditor's Name Opened 05/15 Last Active Attn: Bankruptcy Po Box 8053 When was the debt incurred? 3/04/17 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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| ı Dai          | rneice                  | Cooper                                     |   | Case n        | Turnber (if know)   |                         |
|----------------|-------------------------|--|---|---------------|---|-------------------------|
| Wells          | s Fargo                 | Dealer Services                            | Last 4 digits of account number   | 5517          |   | \$0.00                  |
| Attn:<br>Po Bo | Bankrox 196             | 57   | When was the debt incurred?   | Oper<br>06/14 | ned 12/12 Last Active   |                         |
| Numbe          | e, CA 9:<br>er Street 0 | 2623<br>City State Zlp Code                | As of the date you file, the claim  | is: Check     | call that apply   |                         |
| Who in         | curred t                | he debt? Check one.                        |   |               |   |                         |
|                | otor 1 only             |  | ☐ Contingent  |               |   |                         |
| _              | otor 2 only             | ,  | Unliquidated  |               |   |                         |
|                |                         | Debtor 2 only                              | ☐ Disputed  Type of NONPRIORITY unsecure  | بماءاء.       |   |                         |
|                |                         | of the debtors and another                 | Student loans   | u Ciaiiii.    |   |                         |
| debt           | eck if this             | s claim is for a community                 |   | eration ac    | greement or divorce that you did not  |                         |
| Is the c       | claim sul               | oject to offset?                           | report as priority claims   |               | noomon or arrondo mar you are not   |                         |
| ■ No           |                         |  | Debts to pension or profit-sharing  | ng plans,     | and other similar debts   |                         |
| ☐ Yes          | 3                       |  | Other. Specify Automobile   | •             |   |                         |
|                | _                       | Hm Mortgag                                 | Last 4 digits of account number   | 0449          |   | \$0.00                  |
| 8480           | Staged                  | litor's Name<br>coach Cir<br>ID 21701      | When was the debt incurred?   | Oper<br>4/15/ | ned 07/09 Last Active   |                         |
| Numbe          | r Street 0              | City State ZIp Code<br>he debt? Check one. | As of the date you file, the claim  | is: Check     | call that apply   |                         |
| ■ Deb          | otor 1 only             | y  | ☐ Contingent  |               |   |                         |
| ☐ Deb          | otor 2 only             | y  | ☐ Unliquidated  |               |   |                         |
| ☐ Deb          | otor 1 and              | Debtor 2 only                              | ☐ Disputed  |               |   |                         |
| ☐ At le        | east one                | of the debtors and another                 | Type of NONPRIORITY unsecure  | d claim:      |   |                         |
| ☐ Che          | eck if this             | s claim is for a community                 | ☐ Student loans   |               |   |                         |
|                | claim sul               | oject to offset?                           | report as priority claims   | aration ag    | greement or divorce that you did not  |                         |
| ■ No           |                         |  | Debts to pension or profit-sharing  | ng plans,     | and other similar debts   |                         |
| ☐ Yes          | 5                       |  | Other. Specify FHA Real E   | state I       | Mortgage  |                         |
| List           | t Others                | to Be Notified About a Debt                | : That You Already Listed   |               |   |                         |
| ng to co       | ollect from<br>an one c | m you for a debt you owe to som            | out your bankruptcy, for a debt that y<br>neone else, list the original creditor ir<br>you listed in Parts 1 or 2, list the addi<br>submit this page. | Parts 1       | or 2, then list the collection agency   | here. Similarly, if you |
| nd Addre       |                         |  | n which entry in Part 1 or Part 2 did you   | _             | _   |                         |
| Sox 71         | lvantaç<br>104          | je L                                       |   | _             | Creditors with Priority Unsecured Clair<br>Creditors with Nonpriority Unsecured ( |                         |
| otte, N        | C 2827                  |  | ast 4 digits of account number  | Part 2:       | Creditors with Nonphority Unsecured C   | Jiaims                  |
|                |                         |  |   |               |   |                         |
| the amo        | ounts of                |  | secured Claim<br>ns. This information is for statistical r  | eporting      | purposes only. 28 U.S.C. §159. Add  | the amounts for each    |
| or unsec       | ured cla                | ım.  |   |               | Total Claim   |                         |
|                | 6a.                     | Domestic support obligations               |   | 6a.           | \$ 0.00   |                         |
| Total<br>aims  |                         |  |   |               |   |                         |
| art 1          | 6b.                     | Taxes and certain other debts              | ·   | 6b.           | \$ 2,900.00   |                         |
|                | 6c.<br>6d.              |  | ijury while you were intoxicated cured claims. Write that amount here.  | 6c.<br>6d.    | \$ 0.00   |                         |
|                | ou.                     | onier. Add an other priority drise         | oured olalins. Write that amount nere.  | ou.           | \$  |                         |
|                | 6e.                     | Total Priority. Add lines 6a throu         | igh 6d.   | 6e.           | \$ 2,900.00   |                         |
|                |                         |  |   |               |   |                         |

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Debtor 1 Darneice Cooper

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6f. | Student loans   | 6f. | \$<br>14,713.00 |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>20,109.26 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>34,822.26 |

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|                     |                          | DUGUITE           | III FAU <del>C</del> 32 UI 30 |  |
|---------------------|--------------------------|-------------------|-------------------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                               |  |
| Debtor 1            | Darneice Cooper          |                   |                               |  |
|                     | First Name               | Middle Name       | Last Name                     |  |
| Debtor 2            |                          |                   |                               |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                     |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                   |  |
| Case number         |                          |                   |                               |  |
| (if known)          |                          |                   |                               |  |
|                     |                          |                   |                               |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number, | whom you have the<br>Street, City, State and ZIP ( | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|--|-------------------|---|
| 2.1 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | _                                       |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          | _                                       |
| 2.2 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | _                                       |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          | _                                       |
| 2.3 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | _                                       |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          |   |
| 2.4 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | _                                       |
|     | Number    | Street                        |  |                   | _                                       |
|     | City      |                               | State  | ZIP Code          |   |
| 2.5 |           |                               |  |                   |   |
|     | Name      |                               |  |                   | _                                       |
|     | Number    | Street                        |  |                   |   |
|     | City      |                               | State  | ZIP Code          | _                                       |
|     |           |                               | · · · · · · · · · · · · · · · · · · ·              |                   |   |

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| Fill in this                             | information to identify your  | Document case:  | Page 33 c                                  | of 56   |  |
|--|---|---|--|---|--|
| Debtor 1                                 | Darneice Cooper   |   |  |   |  |
|  | First Name  | Middle Name   | Last Name                                  |   |  |
| Debtor 2<br>(Spouse if, filin            | ng) First Name  | Middle Name   | Last Name                                  |   |  |
| United Stat                              | tes Bankruptcy Court for the:   | NORTHERN DISTRICT OF  | ILLINOIS                                   |   |  |
| Case numb<br>(if known)                  | per   |   |  |   | ☐ Check if this is an amended filing   |
| Official                                 | Form 106H   |   |  |   |  |
| Sched                                    | ule H: Your Cod   | ebtors  |  |   | 12/15  |
| people are<br>ill it out, ar<br>our name |   | ally responsible for supplying boxes on the left. Attach the same every question. | ng correct informat<br>e Additional Page t | ion. If more space is need<br>o this page. On the top of  | as possible. If two married<br>ded, copy the Additional Page,<br>f any Additional Pages, write           |
| <b>-</b>                                 | ,   |   |  |   |  |
| ■ No<br>□ Yes                            |   |   |  |   |  |
| Arizona  No.                             | nin the last 8 years, have you<br>a, California, Idaho, Louisiana,<br>Go to line 3. | Nevada, New Mexico, Puerto  | o Rico, Texas, Washi                       |   | ates and territories include   |
| ☐ Yes                                    | . Did your spouse, former spou  | use, or legal equivalent live wi  | th you at the time?                        |   |  |
| in line<br>Form 1                        | 2 again as a codebtor only it   | f that person is a guarantor  | or cosigner. Make                          | sure you have listed the o                                | vith you. List the person shown<br>creditor on Schedule D (Official<br>hedule E/F, or Schedule G to fill |
|  | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI                 | P Code  |  | Column 2: The credit<br>Check all schedules the           | tor to whom you owe the debt<br>hat apply:   |
| 3.1                                      |   |   |  | ☐ Schedule D, line  |  |
| 1  | Name  |   |  | ☐ Schedule E/F, line☐ Schedule G, line☐ Schedule G, line☐ |  |
|  | Number Street<br>City   | State   | ZIP Code                                   | _   |  |
| 3.2                                      |   |   |  | ☐ Schedule D, line  |  |
| 1  | Name  |   |  | ☐ Schedule E/F, line☐ Schedule G, line☐                   |  |
| _  | Number Street   |   |  | _   |  |

State

City

ZIP Code

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|                                 |  |   |  |   |                       |               | •   |                           |                              |                 |  |
|---------------------------------|--|---|--|---|-----------------------|---------------|---|---------------------------|------------------------------|-----------------|--|
| FIII                            | in this information to id  | entify your ca                                  | ase:   |   |                       |               |   |                           |                              |                 |  |
| Deb                             | otor 1 D   | arneice Co                                      | oper   |   |                       | _             |   |                           |                              |                 |  |
|                                 | otor 2   |   |  |   |                       | _             |   |                           |                              |                 |  |
| Uni                             | ted States Bankruptcy  | Court for the:                                  | NORTHERN DISTRIC   | T OF ILLINOIS                                       |                       | _             |   |                           |                              |                 |  |
|                                 | se number<br>nown)   |   |  |   |                       |               | Check if this is:  An amended  A supplement 13 income a | nt showir                 | ng postpetition              |                 |  |
| Of                              | fficial Form 1   | 06I   |  |   |                       |               | MM / DD/ Y  |                           | J                            |                 |  |
| So                              | chedule I: Yo  | our Inco  | ome  |   |                       |               | WIW / DD/ 1   |                           |                              | 12/15           |  |
| sup <sub>i</sub><br>spo<br>atta | plying correct inform<br>use. If you are separa  | ation. If you<br>ited and you<br>o this form. ( | ible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any addition | ng jointly, and your :<br>th you, do not inclu      | spouse i<br>de inforr | s liv<br>nati | ing with you, incluon about your spo                    | ide infor<br>use. If m    | mation about<br>ore space is | your<br>needed, |  |
| 1.                              | Fill in your employn information.  | nent  |  | Debtor 1  |                       |               | Debtor 2  | or non-f                  | iling spouse                 |                 |  |
|                                 | If you have more than one jol attach a separate page with information about additional                           |   | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                       |               | •   | ☐ Employed ☐ Not employed |                              |                 |  |
|                                 | employers.   |   | Occupation   | Caseworker Ma                                       | nger                  |               |   |                           |                              |                 |  |
|                                 | Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies. |   | Employer's name  | Illinois Dept of I<br>Services                      | Human                 |               |   |                           |                              |                 |  |
|                                 |  |   | Employer's address   | 59th & Ashland<br>Chicago, IL                       |                       |               |   |                           |                              |                 |  |
|                                 |  |   | How long employed th   | nere? 37 year                                       | S                     |               |   |                           |                              |                 |  |
| Par                             | t 2: Give Details  | s About Mon                                     | thly Income  |   |                       |               |   |                           |                              |                 |  |
|                                 | mate monthly income<br>use unless you are sep  |   | ate you file this form. If y   | ou have nothing to re                               | eport for a           | any           | line, write \$0 in the                                  | space. In                 | clude your nor               | n-filing        |  |
|                                 | u or your non-filing spo<br>e space, attach a sepa   |   | re than one employer, co   | mbine the informatio                                | n for all e           | mple          | oyers for that perso                                    | n on the I                | ines below. If y             | ou need         |  |
|                                 |  |   |  |   |                       |               | For Debtor 1  |                           | ebtor 2 or<br>ling spouse    |                 |  |
| 2.                              |  |   | ry, and commissions (becalculate what the monthly  |   | 2.                    | \$            | 5,521.02  | \$                        | N/A                          |                 |  |
| 3.                              | Estimate and list me   | onthly overti                                   | me pay.  |   | 3.                    | +\$           | 0.00  | +\$                       | N/A                          |                 |  |
| 4.                              | Calculate gross Inc  | ome. Add lin                                    | e 2 + line 3.  |   | 4.                    | \$            | 5,521.02  | \$                        | N/A                          |                 |  |

Official Form 106I Schedule I: Your Income page 1

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| Deb | tor 1         | Darneice Cooper   | -         | (   | Case     | number (if know | n)  |      |                  |                   |                  |
|-----|---------------|---|-----------|-----|----------|-----------------|-----|------|------------------|-------------------|------------------|
|     | Con           | ny line 4 hore  | 4.        |     | For      | Debtor 1        | 10  |      | ebtor<br>iling s | pouse             |                  |
|     | Cot           | y line 4 here   | 4.        |     | Φ_       | 5,521.0         | 12  | Φ    |                  | N/A               | <u> </u>         |
| 5.  | List          | all payroll deductions:   |           |     |          |                 |     |      |                  |                   |                  |
|     | 5a.           | Tax, Medicare, and Social Security deductions   | 58        |     | \$_      | 1,457.2         |     | \$   |                  | N/A               | _                |
|     | 5b.           | Mandatory contributions for retirement plans  | 5k        |     | \$_      | 221.1           |     | \$   |                  | N/A               |                  |
|     | 5c.           | Voluntary contributions for retirement plans Required repayments of retirement fund loans   | 50        |     | \$_      | 200.0           |     | \$   |                  | N/A               | _                |
|     | 5d.<br>5e.    | Insurance   | 50<br>50  |     | \$<br>\$ | 0.0<br>374.5    |     | \$   |                  | N/A<br>N/A        |                  |
|     | 5f.           | Domestic support obligations  | 5f        |     | \$<br>_  | 0.0             |     | \$   |                  | N/A               | _                |
|     | 5g.           | Union dues  | 50        |     | <u> </u> | 174.1           |     | \$   |                  | N/A               | _                |
|     | 5h.           | Other deductions. Specify:  | -         | า.+ | \$       | 0.0             |     | + \$ |                  | N/A               |                  |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        |     | \$       | 2,427.0         | 6   | \$   |                  | N/A               | <u> </u>         |
| 7.  | Cal           | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.        |     | \$_      | 3,093.9         | 6   | \$   |                  | N/A               | <u>\</u>         |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88        | а.  | \$       | 0.0             | 10  | \$   |                  | N/A               |                  |
|     | 8b.           | Interest and dividends  | 8b        | ٥.  | \$_      | 0.0             | 0   | \$   |                  | N/A               |                  |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 80        |     | \$_      | 0.0             |     | \$   |                  | N/A               |                  |
|     | 8d.           | Unemployment compensation   | 80        |     | \$_      | 0.0             | _   | \$   |                  | N/A               | _                |
|     | 8e.           | Social Security   | 86        | Э.  | \$_      | 0.0             | 0   | \$   |                  | N/A               | <u>\</u>         |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f        |     | \$       | 0.0             |     | \$   |                  | N/A               |                  |
|     | 8g.           | Pension or retirement income  | 80        | -   | \$_      | 0.0             | -   | \$   |                  | N/A               | _                |
|     | 8h.           | Other monthly income. Specify:  | _ 8r<br>_ | า.+ | \$_      | 0.0             | 0 - | + \$ |                  | N/A               | <u>\</u>         |
| 9.  | Add           | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        |     | \$       | 0.0             | 0   | \$   |                  | N/                | A                |
| 10  | Cal           | culate monthly income. Add line 7 + line 9.   | 10.       | \$  |          | 3,093.96 +      | \$  |      | N/A              | = \$              | 3,093.96         |
| 10. |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.       | Ψ_  |          | 3,033.30        | Ψ – |      | 17/7             | -  <sup>•</sup> - | 3,033.30         |
| 11. | Stat<br>Incli | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a           | dep       |     |          |                 |     | ,    | chedule<br>11.   |                   | 0.00             |
| 12. |               | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies   |           |     |          |                 |     |      | 12.              | \$                | 3,093.96         |
| 13. | Do            | you expect an increase or decrease within the year after you file this form   | ?         |     |          |                 |     |      | ·                | Combi             | ned<br>ly income |
|     |               | No.   |           |     |          |                 |     |      |                  |                   |                  |
|     | _             | Voc. Evoloin:   |           |     |          |                 |     |      |                  |                   |                  |

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| Fill      | l in this information to identify your case:   |  |   |   |
|-----------|--|--|---|---|
| Deb       | btor 1 Darneice Cooper   | Che                                    | eck if this is:   |   |
|           | btor 2  pouse, if filing)  |  | An amended filing<br>A supplement show<br>13 expenses as of | wing postpetition chapter the following date:         |
| ``        | ited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  |  | MM / DD / YYYY  |   |
| Unit      | ited States Bankruptcy Court for the. NORTHERN DISTRICT OF ILLINOIS  |  | WIWI/DD/TTTT  |   |
|           | se numberknown)  |  |   |   |
|           | official Form 106J   |  |   |   |
|           | chedule J: Your Expenses   |  |   | 12/15   |
| info      | e as complete and accurate as possible. If two married people are filing toge formation. If more space is needed, attach another sheet to this form. On the imber (if known). Answer every question.                             |  |   |   |
| Par<br>1. | rt 1: Describe Your Household Is this a joint case?  |  |   |   |
|           | ■ No. Go to line 2. □ Yes. <b>Does Debtor 2 live in a separate household?</b> □ No   |  |   |   |
|           | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate  | e Household of De                      | btor 2.   |   |
| 2.        | Do you have dependents? $\square$ No   |  |   |   |
|           |  | nt's relationship to<br>or Debtor 2    | Dependent's age   | Does dependent live with you?                         |
|           | Do not state the dependents names.  Son (Un  | nemployed)                             | 25 years  | □ No<br>■ Yes   |
|           |  |  |   | □ No<br>□ Yes   |
|           |  |  |   | □ No  |
|           |  |  |   | ☐ Yes   |
|           |  |  |   | □ No  |
| 3.        | Do your expenses include   |  |   | ☐ Yes   |
| Э.        | expenses of people other than yourself and your dependents?  |  |   |   |
| Do        | <u> </u>   |  |   |   |
| Est       | tt 2: Estimate Your Ongoing Monthly Expenses<br>timate your expenses as of your bankruptcy filing date unless you are using<br>penses as of a date after the bankruptcy is filed. If this is a supplemental So<br>plicable date. | g this form as a s<br>chedule J, check | upplement in a Cha<br>the box at the top o                  | apter 13 case to report<br>f the form and fill in the |
| the       | clude expenses paid for with non-cash government assistance if you know e value of such assistance and have included it on Schedule I: Your Income fficial Form 106I.)   | •                                      | Your exp  | enses   |
| (0)       | molari omi 1991.)  |  |   |   |
| 4.        | The rental or home ownership expenses for your residence. Include first nepayments and any rent for the ground or lot.   | nortgage 4.                            | \$  | 1,335.31  |
|           | If not included in line 4:   |  |   |   |
|           | 4a. Real estate taxes  | 4a.                                    | \$  | 0.00  |
|           | 4b. Property, homeowner's, or renter's insurance   | 4b.                                    |   | 0.00  |
|           | 4c. Home maintenance, repair, and upkeep expenses  | 4c.                                    | ·   | 68.00   |
| 5.        | 4d. Homeowner's association or condominium dues  Additional mortgage payments for your residence, such as home equity los  | 4d.<br>ans 5.                          | ·   | 94.00   |

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| Debtor 1 Darneice                     | Cooper   | Case num          | ber (if known)     |                          |
|---------------------------------------|--|-------------------|--------------------|--------------------------|
| i. Utilities:                         |  |                   |                    |                          |
|                                       | neat, natural gas  | 6a.               | \$                 | 200.00                   |
| •                                     | er, garbage collection   | 6b.               | ·                  | 64.00                    |
|                                       | cell phone, Internet, satellite, and cable services  | 6c.               | ·                  | 150.00                   |
| •                                     |  |                   | ·                  |                          |
|                                       | -  | 6d.               | ·                  | 0.00                     |
| Food and housel                       |  | 7.                | ·                  | 350.00                   |
|                                       | nildren's education costs  | 8.                | \$                 | 0.00                     |
| -                                     | y, and dry cleaning  | 9.                | \$                 | 69.00                    |
| •                                     | oducts and services  | 10.               | \$                 | 0.00                     |
| Medical and dent                      | •  | 11.               | \$                 | 50.00                    |
| Transportation. In Do not include car | nclude gas, maintenance, bus or train fare.  | 12.               | \$                 | 200.00                   |
|                                       | lubs, recreation, newspapers, magazines, and books   | 13.               | ·                  | 0.00                     |
|                                       |  |                   | ·                  |                          |
|                                       | butions and religious donations  | 14.               | Φ                  | 0.00                     |
| . Insurance.                          | surance deducted from your pay or included in lines 4 or 20.   |                   |                    |                          |
| 15a. Life insuran                     | , , ,  | 15a.              | \$                 | 0.00                     |
| 15b. Health insur                     |  | 15a.<br>15b.      | ·                  | 0.00                     |
|                                       |  |                   | ·                  |                          |
| 15c. Vehicle insu                     |  | 15c.              | ·                  | 105.12                   |
| 15d. Other insura                     | · · ·  | 15d.              | Φ                  | 0.00                     |
| Specify:                              | clude taxes deducted from your pay or included in lines 4 or 20  | 0.<br>16.         | \$                 | 0.00                     |
| Installment or lea                    |  |                   |                    |                          |
| <ol><li>17a. Car paymer</li></ol>     |  | 17a.              | \$                 | 408.00                   |
| 17b. Car paymer                       | nts for Vehicle 2  | 17b.              | \$                 | 0.00                     |
| 17c. Other. Spec                      | cify:  | 17c.              | \$                 | 0.00                     |
| 17d. Other. Spec                      | pify:  | 17d.              | \$                 | 0.00                     |
|                                       | of alimony, maintenance, and support that you did not rep  |                   | \$                 | 0.00                     |
|                                       | our pay on line 5, Schedule I, Your Income (Official Form you make to support others who do not live with you. | 1061).            | Φ                  | 0.00                     |
| Specify:                              | you make to support others who do not live with you.   | 19.               | Ψ                  | 0.00                     |
|                                       | rty expenses not included in lines 4 or 5 of this form or o  |                   | vur Incomo         |                          |
| 20a. Mortgages                        |  | 20a.              |                    | 0.00                     |
|                                       | • • •  |                   | ·                  |                          |
| 20b. Real estate                      |  | 20b.              | ·                  | 0.00                     |
| , ,                                   | omeowner's, or renter's insurance  | 20c.              | ·                  | 0.00                     |
|                                       | ce, repair, and upkeep expenses  | 20d.              |                    | 0.00                     |
|                                       | r's association or condominium dues  | 20e.              | ·                  | 0.00                     |
| Other: Specify:                       |  | 21.               | +\$                | 0.00                     |
| . Calculate your m                    | nonthly expenses   |                   |                    |                          |
| 22a. Add lines 4 th                   |  |                   | \$                 | 3,093.43                 |
|                                       | (monthly expenses for Debtor 2), if any, from Official Form 10   | 06J-2             | \$                 | -,,,,,,,                 |
| • •                                   |  | <del>-</del>      | ·                  | 2 002 42                 |
| ∠∠c. Aud line ∠2a                     | and 22b. The result is your monthly expenses.  |                   | \$                 | 3,093.43                 |
|                                       | nonthly net income.  |                   |                    |                          |
| 23a. Copy line 12                     | 2 (your combined monthly income) from Schedule I.  | 23a.              | \$                 | 3,093.96                 |
|                                       | monthly expenses from line 22c above.  | 23b.              | -\$                | 3,093.43                 |
| 1,7,7                                 | - '  |                   |                    |                          |
|                                       | ur monthly expenses from your monthly income.  | 23c.              | \$                 | 0.53                     |
| i he result is                        | s your monthly net income.   | 230.              | Ψ                  |                          |
|                                       | n increase or decrease in your expenses within the year a  |                   |                    |                          |
|                                       | I expect to finish paying for your car loan within the year or do you experms of your mortgage?                | ect your mortgage | payment to increas | se or decrease because o |
|                                       | anis or your mortgage?   |                   |                    |                          |
| ■ No.                                 |  |                   |                    |                          |
| ☐ Yes.                                | Explain here:  |                   |                    |                          |

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| Fill in th              | is information to identify your                                 | case:                         |                              |                                      |                     |
|-------------------------|---|-------------------------------|------------------------------|--------------------------------------|---------------------|
| Debtor 1                | Darneice Cooper   | r                             |                              |                                      |                     |
|                         | First Name  | Middle Name                   | Last Name                    |                                      |                     |
| Debtor 2<br>(Spouse if, |   | Middle Name                   | Last Name                    |                                      |                     |
| (Spouse II,             | ming) First Name  | Wilddle Name                  | Last Name                    |                                      |                     |
| United S                | tates Bankruptcy Court for the:                                 | NORTHERN DISTRIC              | T OF ILLINOIS                |                                      |                     |
| Case nui                | mber  |                               |                              |                                      |                     |
| (if known)              |   |                               |                              | ☐ Che                                | ck if this is an    |
|                         |   |                               |                              | ame                                  | ended filing        |
|                         |   |                               |                              |                                      |                     |
| Officia                 | L Corres 400Dee   |                               |                              |                                      |                     |
|                         | I Form 106Dec   |                               |                              |                                      |                     |
| Deci                    | aration About a   | an Individua                  | I Debtor's Sc                | hedules                              | 12/15               |
|                         |   |                               |                              |                                      |                     |
| it two ma               | arried people are filing togethe                                | er, both are equally response | onsible for supplying corr   | ect information.                     |                     |
|                         |   |                               |                              | Making a false statement, conceal    |                     |
|                         | g money or property by fraud i<br>both. 18 U.S.C. §§ 152, 1341, |                               | ikruptcy case can result ir  | n fines up to \$250,000, or imprison | ment for up to 20   |
| years, or               | 5541. 10 5.5.5. 33 152, 1541,                                   | 1010, una 0011.               |                              |                                      |                     |
|                         |   |                               |                              |                                      |                     |
|                         | Sign Below  |                               |                              |                                      |                     |
|                         |   |                               |                              |                                      |                     |
| Did                     | you pay or agree to pay some                                    | eone who is NOT an atto       | rney to help you fill out be | ankruptcy forms?                     |                     |
| _                       | NI-   |                               |                              |                                      |                     |
|                         | No  |                               |                              |                                      |                     |
|                         | Yes. Name of person   |                               |                              | Attach Bankruptcy Petition           |                     |
|                         |   |                               |                              | Declaration, and Signature           | (Official Form 119) |
|                         |   |                               |                              |                                      |                     |
|                         | er penalty of perjury, I declare they are true and correct.     | that I have read the sun      | nmary and schedules filed    | d with this declaration and          |                     |
| Y                       | Isl Darnoico Cooper   |                               | X                            |                                      |                     |
| _                       | /s/ Darneice Cooper Darneice Cooper                             |                               | Signature of I               | Debtor 2                             |                     |
|                         | Signature of Debtor 1   |                               | - 3                          |                                      |                     |
|                         | D   |                               | 5.                           |                                      |                     |
|                         | Date <b>July 12, 2017</b>                                       |                               | Date                         |                                      |                     |

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| Fill in t            | his inform   | ation to identify you                        | r case:                                    |   |   |   |
|----------------------|--------------|--|--|---|---|---|
| Debtor               | 1            | Darneice Coope                               | r  |   |   |   |
|                      |              | First Name                                   | Middle Name                                | Last Name   |   |   |
| Debtor<br>(Spouse i  |              | First Name                                   | Middle Name                                | Last Name   |   |   |
| United               | States Bar   | kruptcy Court for the:                       | NORTHERN DISTRICT (                        | OF ILLINOIS   |   |   |
| _                    |              |  |  | <u> </u>  |   |   |
| Case n<br>(if known) |              |  |  |   |   | Check if this is an mended filing                     |
|                      |              | m 107<br>of Financial                        | Affairs for Indivi                         | duals Filing for B  | ankruptcy   | 4/10  |
| nforma               | ition. If me | ore space is needed,<br>). Answer every ques | attach a separate sheet to                 | this form. On the top of an   | equally responsible for sup<br>y additional pages, write you    |   |
|                      |              | current marital statu                        |  | I Liveu Belole  |   |   |
| П                    | Married      |  |  |   |   |   |
|                      | Not mari     | ried   |  |   |   |   |
| 2. Du                | ring the la  | st 3 years, have you                         | lived anywhere other than                  | where you live now?   |   |   |
| -                    | No           |  |  |   |   |   |
|                      | Yes. List    | all of the places you li                     | ived in the last 3 years. Do n             | ot include where you live now   | 1.  |   |
| De                   | ebtor 1 Pri  | or Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ac   | dress:  | Dates Debtor 2<br>lived there                         |
|                      |              |  |  |   | ity property state or territory<br>ico, Texas, Washington and W |   |
|                      | No           |  |  |   |   |   |
|                      | Yes. Ma      | ke sure you fill out <i>Sch</i>              | nedule H: Your Codebtors (O                | fficial Form 106H).   |   |   |
| Part 2               | Explain      | n the Sources of You                         | r Income                                   |   |   |   |
| Fill                 | in the tota  | I amount of income yo                        | u received from all jobs and               | ng a business during this you<br>all businesses, including part<br>e together, list it only once ur |   | ndar years?   |
|                      | No           |  |  |   |   |   |
|                      | Yes. Fill    | in the details.                              |  |   |   |   |
|                      |              |  | Debtor 1                                   |   | Debtor 2  |   |
|                      |              |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                      | •            | of current year until<br>I for bankruptcy:   | ■ Wages, commissions, bonuses, tips        | \$21,479.71   | ☐ Wages, commissions, bonuses, tips                             |   |
|                      |              |  | ☐ Operating a business                     |   | ☐ Operating a business  |   |

Official Form 107

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Case number (if known) Debtor 1 Darneice Cooper

|    |                                |                                   |   | Debtor 1  |   | Debtor 2                                  |                          |   |
|----|--------------------------------|-----------------------------------|---|---|---|---|--------------------------|---|
|    |                                |                                   |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)             | Sources of inco                           |                          | Gross income<br>(before deductions<br>and exclusions) |
|    | r last caler<br>inuary 1 to    | ndar year:<br>December 3          | 31, 2016 )                                      | ■ Wages, commissions, bonuses, tips   | \$76,305.00   | ☐ Wages, comr<br>bonuses, tips            | missions,                |   |
|    |                                |                                   |   | ☐ Operating a business  |   | ☐ Operating a b                           | ousiness                 |   |
|    |                                | dar year bef<br>December 3        |   | ■ Wages, commissions, bonuses, tips   | \$76,559.00   | ☐ Wages, comr<br>bonuses, tips            | missions,                |   |
|    |                                |                                   |   | ☐ Operating a business  |   | ☐ Operating a b                           | ousiness                 |   |
|    | and other winnings.  List each | public benefi<br>If you are filir | it payments;<br>ng a joint cas<br>ne gross inco | er that income is taxable. Exa<br>pensions; rental income; inter<br>e and you have income that y<br>me from each source separal | est; dividends; money collect<br>you received together, list it o | ted from lawsuits; r<br>nly once under De | oyalties; and<br>btor 1. | ecurity, unemployment,<br>d gambling and lottery      |
|    |                                |                                   |   |   |   |   |                          |   |
|    |                                |                                   |   | Debtor 1  |   | Debtor 2                                  |                          |   |
|    |                                |                                   |   | Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions)  | Sources of inco<br>Describe below.        |                          | Gross income<br>(before deductions<br>and exclusions) |
| Pa | rt 3: Lis                      | t Certain Pay                     | ments You                                       | Made Before You Filed for   | Bankruptcy  |   |                          |   |
| 6. | Are eithe                      | r Debtor 1's                      | or Debtor 2                                     | s debts primarily consume   | debts?  |   |                          |   |
|    | □ No.                          |                                   |   | ebtor 2 has primarily consupersonal, family, or househol  |   | s are defined in 11                       | U.S.C. § 101             | 1(8) as "incurred by an                               |
|    |                                | During the No.                    | 90 days befo<br>Go to line 7                    | re you filed for bankruptcy, di   | d you pay any creditor a total                                    | of \$6,425* or more                       | e?                       |   |
|    |                                | □ Yes                             | paid that cre                                   | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for the                               | its for domestic support oblig                                    |   |                          |   |
|    |                                | * Subject t                       |   | on 4/01/19 and every 3 years  |   | or after the date of                      | adjustment.              |   |
|    | ■ Yes.                         |                                   |   | r both have primarily consure you filed for bankruptcy, di  |   | of \$600 or more?                         |                          |   |
|    |                                | No.                               | Go to line 7                                    |   |   |   |                          |   |
|    |                                | □ <sub>Yes</sub>                  | include pay                                     | each creditor to whom you pai<br>ments for domestic support of<br>this bankruptcy case.   |   |   |                          |   |
|    | Creditor                       | 's Name and                       | Address   | Dates of payme  | nt Total amount paid  | Amount you still owe                      | Was this p               | payment for   |

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Case number (if known) Document Debtor 1 Darneice Cooper

| 7.   | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |                      | al partner; corporations<br>gent, including one for |                            |                              |
|--|---|--|----------------------|---|----------------------------|------------------------------|
|  | ☐ Yes. List all payments to an insider.   |  |                      |   |                            |                              |
|  | Insider's Name and Address  | Dates of payment                             | Total amount paid    | Amount you still owe                                | Reason for                 | this payment                 |
| 8.   | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No  |  | ments or transfer a  | ny property on a                                    | ccount of a d              | ebt that benefited an        |
|  | Yes. List all payments to an insider  |  |                      |   |                            |                              |
|  | Insider's Name and Address  | Dates of payment                             | Total amount paid    | Amount you still owe                                | Reason for<br>Include cred | this payment<br>litor's name |
| Par  | t 4: Identify Legal Actions, Repossession   | ns, and Foreclosures                         |                      |   |                            |                              |
| 9.   | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  | cy, were you a party in an                   |                      |   |                            |                              |
|  | Case title Case number  | Nature of the case                           | Court or agency      |   | Status of th               | ne case                      |
| <ul> <li>10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or lead that apply and fill in the details below.</li> <li>■ No. Go to line 11.</li> <li>□ Yes. Fill in the information below.</li> </ul> |   |  |                      | d, seized, or levied?  Value of the                 |                            |                              |
|  | Creditor Name and Address   | Describe the Property  Explain what happened | 1                    | Date  |                            | property                     |
| 11.  | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No  Yes. Fill in the details.  | otcy, did any creditor, inc                  |                      | nancial institution                                 | , set off any a            | amounts from your            |
|  | Creditor Name and Address   | Describe the action the                      | creditor took        | Date taken  | Date action was Amou       |                              |
| 12.  | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes   |  | erty in the possessi |   |                            | efit of creditors, a         |
| Par  | List Certain Gifts and Contributions  |  |                      |   |                            |                              |
| 13.  | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.   | tcy, did you give any gift                   | s with a total value | of more than \$60                                   | 0 per person               | ?                            |
|  | Gifts with a total value of more than \$600 per person  | Describe the gifts                           |                      | Dates<br>the g                                      | s you gave<br>ifts         | Value                        |
|  | Person to Whom You Gave the Gift and Address:   |  |                      |   |                            |                              |

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Address

property transferred

Person's relationship to you

made

payments received or debts

paid in exchange

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Debtor 1 Darneice Cooper

| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.   |   | ny property to a | a self-settled | l trust or similar device                            | of which you are a                            |
|-----|--|---|------------------|----------------|--|---|
|     | Name of trust  | Description and v   | value of the pro | perty trans    | ferred   | Date Transfer was made                        |
| Par | List of Certain Financial Accounts, Inc  | struments, Safe Deposi  | t Boxes, and S   | torage Units   | \$   |   |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated in the second secon | or other financial accou                                      | nts; certificate | s of deposit   |  |   |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number                               | Type of acco     | ount or        | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables?  No Yes. Fill in the details.  | year before you filed for                                     | r bankruptcy, a  | ny safe dep    | osit box or other depos                              | itory for securities,                         |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |                  |                |  | Do you still have it?                         |
|     | Bank Financial<br>Olympia Fields, IL   | Debtor  |                  | Deed 1 g       | old nugget, 1 \$2 bill                               | □ No<br>■ Yes                                 |
| 22. | Have you stored property in a storage unit o  ■ No □ Yes. Fill in the details.   | or place other than you                                       | r home within 1  | l year before  | e you filed for bankrupto                            | cy?   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or to it? Address (Number, State and ZIP Code)   |                  | Describe t     | the contents   | Do you still have it?                         |
| Par | 19: Identify Property You Hold or Control  | for Someone Else  |                  |                |  |   |
| 23. | Do you hold or control any property that so for someone.  No Yes. Fill in the details.   | meone else owns? Incl   | ude any prope    | rty you borre  | owed from, are storing f                             | for, or hold in trust                         |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)        |                  | Describe t     | the property   | Value   |

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Debtor 1 **Darneice Cooper** 

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

|   | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |  |         |   |        |  |                    |
|---|---|--|---------|---|--------|--|--------------------|
| Rep   | ort a   | II notices, releases, and proceedings tha                      | at yo   | u know about, regardless of whe   | n the  | ey occurred.   |                    |
| 24.   | Has   | any governmental unit notified you that                        | t you   | may be liable or potentially liable                                       | e un   | der or in violation of an environme                                | ntal law?          |
|   | _   | No   |         |   |        |  |                    |
|   | ш   | Yes. Fill in the details.                                      |         |   |        |  |                    |
|   |   | me of site<br>dress (Number, Street, City, State and ZIP Code) |         | Governmental unit Address (Number, Street, City, State ar ZIP Code)       | nd     | Environmental law, if you know it                                  | Date of notice     |
| 25.   | Hav   | re you notified any governmental unit of                       | any     | release of hazardous material?  |        |  |                    |
|   |   | No<br>Yes. Fill in the details.                                |         |   |        |  |                    |
|   |   | me of site dress (Number, Street, City, State and ZIP Code)    |         | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | nd     | Environmental law, if you know it                                  | Date of notice     |
| 26.   | Hav   | re you been a party in any judicial or adm                     | minis   | trative proceeding under any env  | riron  | mental law? Include settlements a                                  | nd orders.         |
|   |   | No<br>Yes. Fill in the details.                                |         |   |        |  |                    |
|   |   | se Title<br>se Number  |         | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Na     | nture of the case  | Status of the case |
| Par   | t 11:   | Give Details About Your Business or 0                          | Con     | nections to Any Business  |        |  |                    |
| 27.   | Witl  | hin 4 years before you filed for bankrupto                     | tcy, d  | lid you own a business or have a  | ny of  | f the following connections to any                                 | business?          |
|   |   | ☐ A sole proprietor or self-employed in                        | in a tı | rade, profession, or other activity                                       | , eith | ner full-time or part-time   |                    |
|   |   | ☐ A member of a limited liability comp                         | oany    | (LLC) or limited liability partnersh                                      | nip (I | LLP)   |                    |
|   |   | ☐ A partner in a partnership                                   |         |   |        |  |                    |
|   |   | ☐ An officer, director, or managing exe                        | ecuti   | ive of a corporation  |        |  |                    |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation |   |  |         |   |        |  |                    |
|   |   | No. None of the above applies. Go to P                         | Part 1  | 12.   |        |  |                    |
|   |   | Yes. Check all that apply above and fill                       | l in th | ne details below for each busines   | s.     |  |                    |
|   | Ad  | siness Name<br>dress   |         | scribe the nature of the business   |        | Employer Identification number<br>Do not include Social Security n |                    |
|   | (Nui  | mber, Street, City, State and ZIP Code)                        | Nar     | me of accountant or bookkeeper  |        | Dates business existed   |                    |
|   |   |  |         |   |        |  |                    |

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Case 17-21755

Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Filed 07/21/17

Desc Main

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| Fill in this inform              | mation to identify your o   | case:                                 |   |  |
|----------------------------------|---|---------------------------------------|---|--|
| Debtor 1                         | Darneice Cooper   |                                       |   |  |
|                                  | First Name  | Middle Name                           | Last Name   |  |
| Debtor 2<br>(Spouse if, filing)  | First Name  | Middle Name                           | Last Name   |  |
| United States Ba                 | ankruptcy Court for the:  | NORTHERN DIS                          | TRICT OF ILLINOIS   |  |
| Case number (if known)           |   |                                       |   | ☐ Check if this is an amended filing                     |
| Official Fo                      |   | n for Indiv                           | iduals Filing Under Chaر  | oter 7 12/15   |
| creditors have                   | ividual filing under chap<br>e claims secured by you<br>sed personal property a | ur property, or<br>nd the lease has n |   |  |
|                                  | ever is earlier, unless the   |                                       | e time for cause. You must also send copies to  |  |
|                                  | eople are filing together<br>nd date the form.                                  | in a joint case, bo                   | oth are equally responsible for supplying corre   | ct information. Both debtors must                        |
|                                  | and accurate as possiblour name and case nun                                    |                                       | s needed, attach a separate sheet to this form.   | On the top of any additional pages,                      |
| Part 1: List Yo                  | our Creditors Who Have  | Secured Claims                        |   |  |
| 1. For any credit information be | -   | rt 1 of Schedule D                    | : Creditors Who Have Claims Secured by Prop   | perty (Official Form 106D), fill in the                  |
|                                  | editor and the property th  | nat is collateral                     | What do you intend to do with the property secures a debt?  | that Did you claim the property as exempt on Schedule C? |
| <b>.</b>                         |   |                                       | _   | _  |
| Creditor's C                     | Capital One Auto Fina   | nce                                   | <ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>  | □ No   |
| Description of                   | 2013 Hyundai Sona   | eta 110000                            | Retain the property and enter into a  | ■ Yes  |
| property                         | miles   | 110000                                | Reaffirmation Agreement.  Retain the property and [explain]:  |  |
| securing debt:                   | Average condition<br>Ins: Hartford Ins  |                                       |   |  |
| Creditor's V                     | Vells Fargo Hm Mortç  | jag                                   | ☐ Surrender the property.   | □ No   |
| name:                            |   |                                       | Retain the property and redeem it.  | <b>.</b>   |
| Description of property          | IL 60449 Will Cour  | ity                                   | <ul> <li>Retain the property and enter into a         Reaffirmation Agreement.</li> <li>Retain the property and [explain]:</li> </ul> | ■ Yes  |
| securing debt:                   | Purchased: 8/2008   | s; Price:                             |   |  |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

\$150,000.00

Will the lease be assumed?

Official Form 108

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| Debtor '      | 1 Darneice Cooper  | Case number (if known)   |
|---------------|--|--|
|               |  |  |
| Lessor's      | s name:<br>tion of leased  | □ No   |
| Property      |  | ☐ Yes  |
| Lessor's      |  | □ No   |
| Property      | tion of leased<br>y:   | ☐ Yes  |
| Lessor's      | s name:<br>tion of leased  | □ No   |
| Property      |  | ☐ Yes  |
| Lessor's      |  | □ No   |
| Property      | tion of leased<br>y:   | ☐ Yes  |
| Lessor's      |  | □ No   |
| Property      | tion of leased<br>y:   | ☐ Yes  |
| Lessor's      |  | □ No   |
| Property      | tion of leased<br>y:   | ☐ Yes  |
| Lessor's      |  | □ No   |
| Property      | tion of leased<br>y:   | ☐ Yes  |
| Part 3:       | Sign Below   |  |
| Under poperty | penalty of perjury, I declare that I have indicated my intention about<br>y that is subject to an unexpired lease. | t any property of my estate that secures a debt and any personal |
|               | / Darneice Cooper X  |  |
| Da            | arneice Cooper gnature of Debtor 1   | Signature of Debtor 2  |
| Da            | ate <u>July 12, 2017</u> Dar   | te   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$75       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$335      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-21755 Doc 1 Filed 07/21/17 Entered 07/21/17 12:35:48 Desc Main Document Page 52 of 56

B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Northern District of Illinois

| In re   | Darneice Cooper  |  | Case No.  |                       |                     |  |
|---------|--|--|---|-----------------------|---------------------|--|
|         | ·  | Debtor(s)  | Chapter   | 7                     |                     |  |
|         | DISCLOSURE OF COMPENSA   | TION OF ATTOR  | RNEY FOR DE   | EBTOR(S)              |                     |  |
| C       | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in   | ne petition in bankruptcy,   | or agreed to be paid  | to me, for services i | at<br>endered or to |  |
|         | For legal services, I have agreed to accept  |  | \$  | 1,500.00              |                     |  |
|         | Prior to the filing of this statement I have received  |  | \$  | 165.00                |                     |  |
|         | Balance Due  |  | \$  | 1,335.00              |                     |  |
| 2. \$   | <b>335.00</b> of the filing fee has been paid.   |  |   |                       |                     |  |
| 3. T    | he source of the compensation paid to me was:  |  |   |                       |                     |  |
|         | ■ Debtor □ Other (specify):  |  |   |                       |                     |  |
| 4. T    | he source of compensation to be paid to me is:   |  |   |                       |                     |  |
|         | ■ Debtor □ Other (specify):  |  |   |                       |                     |  |
| 5.      | I have not agreed to share the above-disclosed compensation  | on with any other person   | unless they are mem   | bers and associates   | of my law firm.     |  |
| [       | I have agreed to share the above-disclosed compensation we copy of the agreement, together with a list of the names of   |  |   |                       | law firm. A         |  |
| 6. I    | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |  |   |                       |                     |  |
| b<br>c. | Analysis of the debtor's financial situation, and rendering at Preparation and filing of any petition, schedules, statement Representation of the debtor at the meeting of creditors and [Other provisions as needed]  Negotiations with secured creditors to reduce reaffirmation agreements and applications as 522(f)(2)(A) for avoidance of liens on household | of affairs and plan which<br>confirmation hearing, an<br>e to market value; exe<br>needed; preparation | may be required;<br>id any adjourned hea<br>emption planning; | rings thereof;        | filing of           |  |
| 7. B    | y agreement with the debtor(s), the above-disclosed fee does  Representation of the debtors in any discharg  any other adversary proceeding.   | not include the following geability actions, judio   | service:<br>cial lien avoidanc                                | es, relief from sta   | ıy actions or       |  |
|         | CEI  | RTIFICATION  |   |                       |                     |  |
|         | certify that the foregoing is a complete statement of any agree nkruptcy proceeding.   | ement or arrangement for   | payment to me for re  | epresentation of the  | debtor(s) in        |  |
| Ju      | ly 12, 2017  | /s/ Glenda J. Gray   | ,   |                       |                     |  |
| Da      |  | Glenda J. Gray   |   |                       |                     |  |
|         |  | Signature of Attorne<br>Fernandez & Gray   |   |                       |                     |  |
|         |  | 223 West Jackson   | n, Suite 1116   |                       |                     |  |
|         |  | Chicago, IL 60606<br>(312) 386-1010 F  |   | )                     |                     |  |
|         |  | bfernandezggray  |   |                       |                     |  |
|         |  | Name of law firm   |   |                       |                     |  |

# **United States Bankruptcy Court**Northern District of Illinois

| In re | Darneice Cooper  |   | Case No.                   |                |
|-------|------------------|---|----------------------------|----------------|
|       | ·                | Debtor(s)                                 | Chapter 7                  |                |
|       | VF               | CRIFICATION OF CREDITOR MA                | ATRIX                      |                |
|       | V-               |   |                            |                |
|       |                  | Number of C                               | Creditors:                 | 28             |
|       |                  | hereby verifies that the list of creditor | ors is true and correct to | the best of my |
|       | (our) knowledge. |   |                            |                |

AFSCME Advantage P.O. Box 71104 Charlotte, NC 28272

Alphera Financial Serv P.O. Box 3608 Dublin, OH 43016

Capital One Attn: General Corres/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank/Sears Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

City of Chicago Admin Hearing Judgments 121 N. LaSalle RM 107A Chicago, IL 60602

Comenity Bank/Carsons Po Box 182125 Columbus, OH 43218

Commonwealth Edison Attn: Bankruptcy Department 3 Lincoln Center Oakbrook Terrace, IL 60181 Costco Go Anywhere Citicard Centralized Bk/Citicorp Credit Card Srvs Po Box 790040 St Louis, MO 63179

Credit First National Assoc Attn: BK Credit Operations Po Box 81315 Cleveland, OH 44181

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Elan Financial Service Po Box 108 Saint Louis, MO 63166

First National Bank Attn: FNN Legal Dept 1620 Dodge St Mailstop Code 3290 Omaha, NE 68191

Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161

Speedway/ssa Attn: Bankruptcy Department 500 Speedway Drive Enon, OH 45323 Synchrony Bank/ Old Navy Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Select Comfort Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

United Consumer Financial Services 865 Bassett Rd Westlake, OH 44145

US Bank Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201

Visa Dept Store National Bank/Macy's Attn: Bankruptcy
Po Box 8053
Mason, OH 45040

Wells Fargo Dealer Services Attn: Bankruptcy Po Box 19657 Irvine, CA 92623

Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701